

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted NIST ATP		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 70NANB1H3050		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Computer Aided Surgery, Inc. 300 East 33rd Street, Suite 4N New York, NY 10016					
4. Employer Identification Number 13-3889180		5. Recipient Account Number or Identifying Number 131 088 299 665		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2001		To: (Month, Day, Year) 09/30/2002		9. Period Covered by this Report From: (Month, Day, Year) 04/01/2002 To: (Month, Day, Year) 06/30/2002	
10. Transactions		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays		\$407,796.22		\$208,726.84	
b. Recipient share of outlays		\$17,796.22		\$8,726.84	
c. Federal share of outlays		\$390,000.00		\$200,000.00	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				\$590,000.00	
h. Total Federal funds authorized for this funding period				\$800,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				\$210,000.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Dr. D B Karron, President				Telephone (Area code, number and extension) 212-686-8748	
Signature of Authorized Certifying Official				Date Report Submitted	

**GOVERNMENT
EXHIBIT**

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07 Cr. 541 (RPP) (ID)